

Service Difficulty Report

Revision: QA Approval on File A Issued: 5/30/18

Customer / Repair Agency	
Name:	
Address:	
	Please complete form & return with the parts. For faster service, please fax
Contact:	
Phone: <u>(</u>)	
Fax: _ ()	
Part Information	
Part Number:	Serial Number:
Description:	Engine Model:
Lot Number:	Item TSN:
Reason for Rejection and/or	Service Difficulty:
-	
Additional Comments and/or	r Recommendations

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